

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------------|----------------|
| FEE DETERMINATION | <i>[Signature]</i> | | <i>2/27/00</i> |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | <i>68831</i> | <i>42500</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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